



State of New Hampshire

2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/20/2015

Business ID: 643821

William M. Gardner

Secretary of State

LIN'S SOHO ASIAN RESTAURANT & BAR, INC.

49 LOWELL RD
HUDSON, NH 03051

ADDRESS OF PRINCIPAL OFFICE:

49 LOWELL RD
HUDSON, NH 03051

REGISTERED AGENT AND OFFICE:

LIN, YONG TONG
49 LOWELL ROAD
HUDSON, NH 03051

ENTITY TYPE: CORPORATION

BUSINESS ID: 643821

STATE OF DOMICILE: NEW HAMPSHIRE

FOOD SERVICE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Yong Tong Lin

STREET 49 Lowell Road

CITY/STATE/ZIP Hudson Nh 03051

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Yong Tong Lin

STREET 49 Lowell Road

CITY/STATE/ZIP Hudson Nh 03051

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Yong Tong Lin

Please print name and title of signer:

Yong Tong Lin

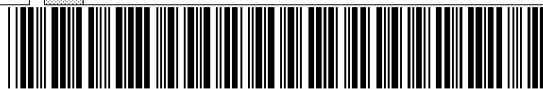
NAME

/ AUTHORIZED PARTY

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



064382120151003

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REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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